

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 2 1942 791
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. 4410

Registration District No. Primary Registration District No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

00
17
9

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5249 Schollmeyer, 1
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution: _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis, 19
(If outside city or town limits, write "RURAL") 2/9
(d) Street No. 5249 Schoollmeyer
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Carl W: Engler
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edna Engler 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased November 14, 1890
(Month) (Day) (Year)

8. AGE: Years 51 Months 6 Days 5 If less than one day hr. _____ min. _____

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Mail Carrier

11. Industry or business _____

MOTHER FATHER

12. Name Peter Engler
13. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)
14. Maiden name Mary Schmidt
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edna Engler
(b) Address 5249 Schollmeyer

17. (a) Burial (b) Date thereof 5-21-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Burial or cremation

18. (a) Signature of funeral director Southern Undertaking
(b) Address 6322 S. Grand Blvd.

19. (a) MAY 20 1942 (b) J. F. Budick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1942 hour 6:45 minute 4 A. M.
21. I hereby certify that I attended the deceased from Feb 12,
1940 19 _____ to May 19, 19 42
that I last saw him alive on May 19, 19 42
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Apoplexy

Duration

Due to Arterio-sclerosis

Due to Chronic Nephritis -
Chronic Catarrh

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 12/1
Of operations _____
Of autopsy 12/1

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Co. _____ (Specify type of place)
While at work _____ (e) Means of injury _____

23. Signature John M. Bauer D.S. (M. D. or other) _____
Address 31096 S. Grand Blvd. Date signed 5/19/42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Virgil L. Berryman
Licensed Embalmer No. *4018*

P. O. Address..... *St. Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.